



COMMUNITY DEVELOPMENT DEPARTMENT
BUILDING DIVISION
17555 PEAK AVENUE
MORGAN HILL, CA 95037
(408) 779-7241

For Office Use Only
Date Submitted _____
Permit # _____
Plan Check Fee _____
GPA _____
Total Fees _____

BUILDING PERMIT APPLICATION WORKSHEET
PLEASE PRINT CLEARLY

SITE INFORMATION

BUILDING ADDRESS _____ Suite # _____
Assessor's Parcel # _____ Subdivision Tract # _____ Lot # _____
Geological Area: ☐ Yes ☐ No Flood Zone: ☐ Yes ☐ No

PEOPLE ASSOCIATED WITH PROJECT

PROPERTY OWNER:

Name _____
Mailing Address _____
City / State / Zip _____
Phone Number (_____) _____
Fax Number (_____) _____
☐ Owner / Builder ☐ Owner w/ Contractor

BUSINESS OWNER / TENANT:

Name _____
Mailing Address _____
City / State / Zip _____
Phone Number (_____) _____
Fax Number (_____) _____
(Written approval from property owner will be required)

ARCHITECT:

Name _____
Mailing Address _____
City / State / Zip _____
Phone Number (_____) _____
Fax Number (_____) _____
License # _____ Expiration Date: _____

ENGINEER:

Name _____
Mailing Address _____
City / State / Zip _____
Phone Number (_____) _____
Fax Number (_____) _____
License # _____ Expiration Date: _____

CONTRACTOR:

Name _____
Mailing Address _____
City / State / Zip _____
Phone Number (_____) _____
Fax Number (_____) _____

State Lic.# & Class (Proof Required) _____
Expiration Date: _____
City Business License # _____
Expiration Date: _____
Worker's Compensation Policy # _____
Expiration Date: _____

(A certificate of insurance for workers' compensation is required prior to issuance)

PROJECT INFORMATION

DESCRIPTION OF PROPOSED WORK _____

CONSTRUCTION VALUATION \$ _____

Floor Area _____ Garage Area _____ Deck Area _____ Stories _____
Number Of Units _____ Bedrooms _____ Type Of Construction _____ Occupancy Group _____
Grading Cubic Yards: Cut _____ Fill _____

<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Duplex	<input type="checkbox"/> Apt	<input type="checkbox"/> Condo	<input type="checkbox"/> Access. Bldg
<input type="checkbox"/> New	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration	<input type="checkbox"/> Repair	<input type="checkbox"/> Demolition	<input type="checkbox"/> Grading	<input type="checkbox"/> Site Development
<input type="checkbox"/> Building	<input type="checkbox"/> Electrical	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Combo	<input type="checkbox"/> Re-Roof	<input type="checkbox"/> Skylights
<input type="checkbox"/> Pool/Spa	<input type="checkbox"/> Chimney	<input type="checkbox"/> A/C	<input type="checkbox"/> Deck	<input type="checkbox"/> Arbor	<input type="checkbox"/> Patio Cover	<input type="checkbox"/> Sign

ELECTRICAL PERMIT

_____ No. Receptacles _____ No. Switches _____ No. Lighting Outlets _____ No. Lighting Fixtures

☐ New Services: _____ Volts _____ Amps ☐ Sub Panels: _____ No. ☐ Temp Power ☐ Temp Power Pole

☐ Irrigation Meter Pedestal ☐ Disconnect ☐ Motors ☐ Signs ☐ Other _____

MECHANICAL PERMIT

☐ Furnace: Under 100,000 Btu's / Over 100,000 Btu's ☐ Heat Pump ☐ Condensing Unit ☐ Fan / Hood / Ducts

PLUMBING

☐ Re-pipe Fixtures: _____ No. Sinks _____ No. Tubs _____ No. Showers _____ No. Toilets _____ No. Traps

☐ Water Heater ☐ Water Service or Main ☐ Back Flow ☐ Gas Test ☐ Gas Line: _____ No. Outlets ☐ Trench Line

☐ Building Sewer ☐ Sewer Drain ☐ Sewer Lateral ☐ Roof Drain ☐ Storm Drain ☐ Other: _____

Note: Additional Commercial Plumbing Maybe Be Subject To Public Works Fees

RE-ROOF

☐ Comp. Conversions ☐ Steel Tile Conversion ☐ Concrete Tile Conversion ☐ Wood Shake Med. Fire Treated

☐ Comp. Overlay ☐ Steel Tile Overlay ☐ Tar & Gravel ☐ Wood Shake Hev. Fire Treated

Are skylights being installed? ☐ Yes ☐ No

Type of Roof Being Removed _____ Type of Roof Being Installed _____ Number of Squares _____

Life Time of Roof: **20yr** **25 yr.** **30yr.** **40yr.** Pound of Felt _____ Sheathing Thickness _____

Note: Class A Roofs Will Be Required For Any Homes Inside The Fire Zone
(For Fire Zone information please contact the Building Division)

PLAN CHECK RESPONSES TO BE SENT TO (Please check only one)

☐ Owner ☐ Architect ☐ Engineer ☐ Contractor

Print Name _____ Signature _____ Date _____

FOR OFFICE USE ONLY

FEES:

Building Permit	_____	GPA	_____	Other	_____
Plan Check	_____	Microfilm	_____	Other	_____
Electrical	_____	Seismic	_____		
Mechanical	_____	Investigation	_____		
Plumbing	_____	Copies	_____		
Grading	_____	Other	_____	TOTAL FEES	_____